

## UC Schedule B - Successorship Questionnaire

Issued under authority of the Michigan Employment Security Act of 1936. Filing is mandatory for successors.

**Successorship Reporting Requirement.** If you acquired any part of the Michigan assets, organization, trade or business of another employer by purchase, rental, lease, inheritance, merger, foreclosure, gift (or any other form of transfer), you must provide the following information. If you made multiple acquisitions, you must file a separate UC Schedule B for each acquisition (photocopies of this form are acceptable).

UC Account Number, if already assigned

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Federal Employer Identification Number (required)

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### PART 1: FORMER OWNER INFORMATION

1. Former Owner's Name	2. Former Owner's UC Number or FEIN, if known.
Corporate Name or DBA	3. Area Code & Telephone Number
Current Street Address (not a P.O. Box)	
City, State, ZIP	

### PART 2: ACQUISITION INFORMATION

1. Did you acquire all, part or none of the former owner's **assets**? ☐ All ☐ Part 

What Percent?	Date Acquired
%	

☐ None
2. Did you acquire all, part or none of the former owner's **organization** (employee, payroll/personnel) ☐ All ☐ Part ☐ None
3. Did you acquire all, part or none of the former owner's Michigan **trade** (customers/accounts)? ☐ All ☐ Part ☐ None
4. Did you acquire all, part or none of the former owner's Michigan **business** (products/services)? ☐ All ☐ Part ☐ None
5. Was the Michigan business being operated at the time of acquisition? If no, enter the date it was closed by the former owner. ☐ Yes ☐ No 

Month	Day

Year			
6. Are you conducting the Michigan business you acquired? ☐ Yes ☐ No
7. Is your Michigan business substantially owned or controlled in any way by the same interests that owned or controlled the former business? ☐ Yes ☐ No
8. Did you hold any secured interest in any of the Michigan assets acquired? ☐ Yes ☐ No If yes, enter the balance owed \$ \_\_\_\_\_
9. What was the reasonable value of the Michigan organization, trade, business or assets acquired? \$ \_\_\_\_\_

Print Name of Owner/Officer	Title	
Signature of Owner/Officer	Telephone Number	Date

Attach this schedule to Form 518, *Registration for Michigan Taxes* and mail it to the Michigan Department of Treasury.